

Quality Dashboard

CCHHS QPS Committee Dashboard	CCHHS Board Metrics - Quality															
Data as of 05/05/2015													TARGET		VARIANCE	
PERFORMANCE MEASURES	CY 2014										CY 2015					
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar				
Stroger																
Core Measures	Monthly Composite															
Venous Thromboembolism (VTE) (%)	73	86	81	92	85	88	88	83	84	79	92	79	99%	-20%		
Efficiency - Operating Room	Monthly %															
On-Time Start (%)	47	38	48	38	41	32	35	45	35	30	47	62	80%	-18%		
Safety	Total # of Events															
Events: Ulcers, Falls, CLABSI and CAUTI	7	12	10	9	10	7	6	5	2	11	10	1				
Patient Experience																
Willing to Recommend Hosp (% top box)	62	60	61	69	66	67	66	73	66	75	73	71	85%	-14%		
Provident																
Core Measures																
Venous Thromboembolism (VTE) (%)	52	62	84	54	64	84	54	64	84	93	100		99%	1%		
Efficiency - Operating Room	Monthly %															
On-Time Start (%)	47	38	48	38	41	32	35	45	35	19	12	17	80%	-63%		
Patient Experience																
Willing to Recommend Hosp (% top box)	65	48	56	65	50	54	86	67	60	70	67	67	85%	-18%		
ACHN																
Diabetes Control % with Hgb A1C < 9%	73			77			78			74	73	73	78%	-5%		
Patient Experience: Moving Through Visit	68			68			67			65	68	67	75%	-8%		
Patient Experience: Telephone Access	60			63			62			70	53	64	75%	-11%		
LEGEND																
CLABSI: Central line-associated blood stream infections																
CAUTI: Catheter-associated urinary tract infections																





CCHHS BOARD OF DIRECTORS

Focus Report – Corporate Compliance

May 29, 2015



COOK COUNTY HEALTH
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Meeting Objectives

Review Corporate Compliance Controls of the CountyCare Health Plan through,

- CountyCare Oversight Meetings
- Grievances and Appeals Monitoring
- Fraud, Waste, and Abuse Activity



CountyCare Oversight Structure



Committees have been established to ensure proper oversight and monitoring of operations, policies and compliance with contractual terms.

CountyCare Health Plan Compliance Oversight Committee Meetings

Monthly Meetings

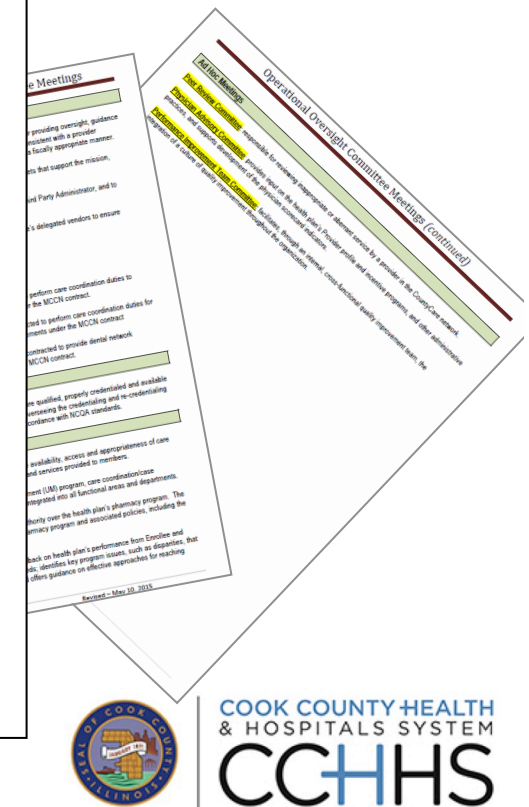
CountyCare Compliance Committee: provides oversight of and guidance to CountyCare operations to fulfill the Compliance Plan requirements, which include the implementation and operation of the Compliance Program.

Grievances and Appeals Committee: responsible for maintaining compliance with contractual, federal, and accrediting body requirements, including NCQA standards, related to the processing of grievance and appeals. The scope of the GAC includes tracking and analysis of member grievances and appeals from all delegated vendors including type and timeliness of resolution, performing barrier and root cause analysis and making recommendations regarding corrective actions as indicated.

Fraud Waste and Abuse Committee: oversees all fraud, waste and abuse detection, investigation and reporting procedures of CountyCare and its delegated vendors.

Quarterly Meetings

Policy Committee: workgroup to ensure all CountyCare policies are reviewed on an annual basis.

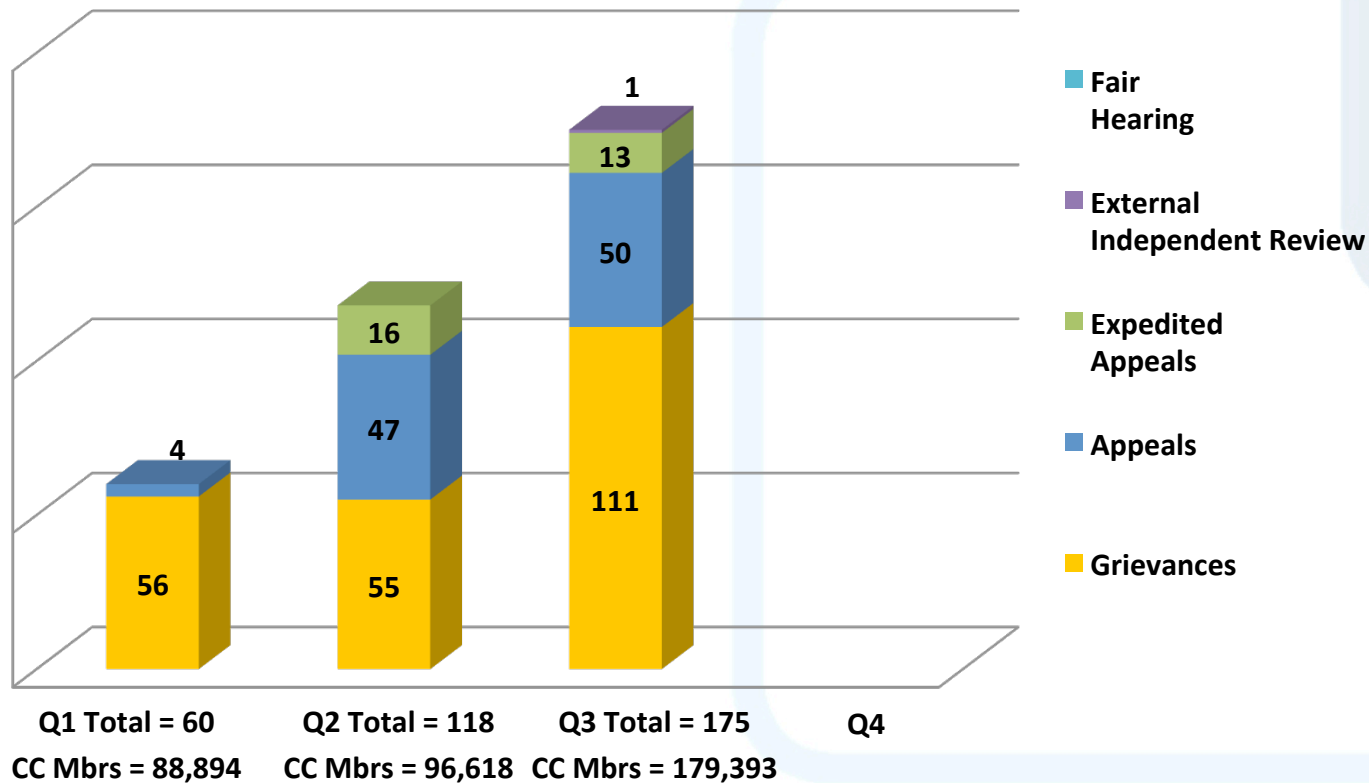


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Grievances & Appeals Metrics

State Fiscal Year

July 2014 – June 2015



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Audit & Compliance Committee of the Board | May 21, 2015

Fraud, Waste and Abuse Program



The Goal:

To protect the member in the delivery of healthcare services through timely detection, investigation and prosecution.

Achieved by establishing:

- Defining methodology to address the range of Fraud, Waste, and/or Abuse (FWA) activities;
- Establishing policies and procedures;
- Reporting identified issues, including referrals to state and local authorities; and
- Identifying and monitoring training programs.



FWA Training

- Initial onboarding for staff and providers.
- CountyCare workforce training includes:
 - Focused HFS OIG FWA in-person training;
attendees: CountyCare staff, third party administrator (IlliniCare) compliance staff, CCHHS staff with oversight, Cook County Office of Inspector General (OIG)
 - Local and National Conferences;
 - CCHHS annual education to incorporate FWA training.



FWA Methods

- Define a cohesive process across all delegated vendors with centralized reporting to Corporate Compliance and hold vendors accountable.
- Monitor Payment Integrity and Special Investigations Unit Activities.
- Develop an annual work plan focusing on vulnerable areas/services.

For example, the 2015 work plan includes,

- Adult Day Services;
- Transportation;
- High Cost Drugs;
- Hospice;
- Home & Community Based Waiver Programs;
- Flexibility to respond to emerging issues.

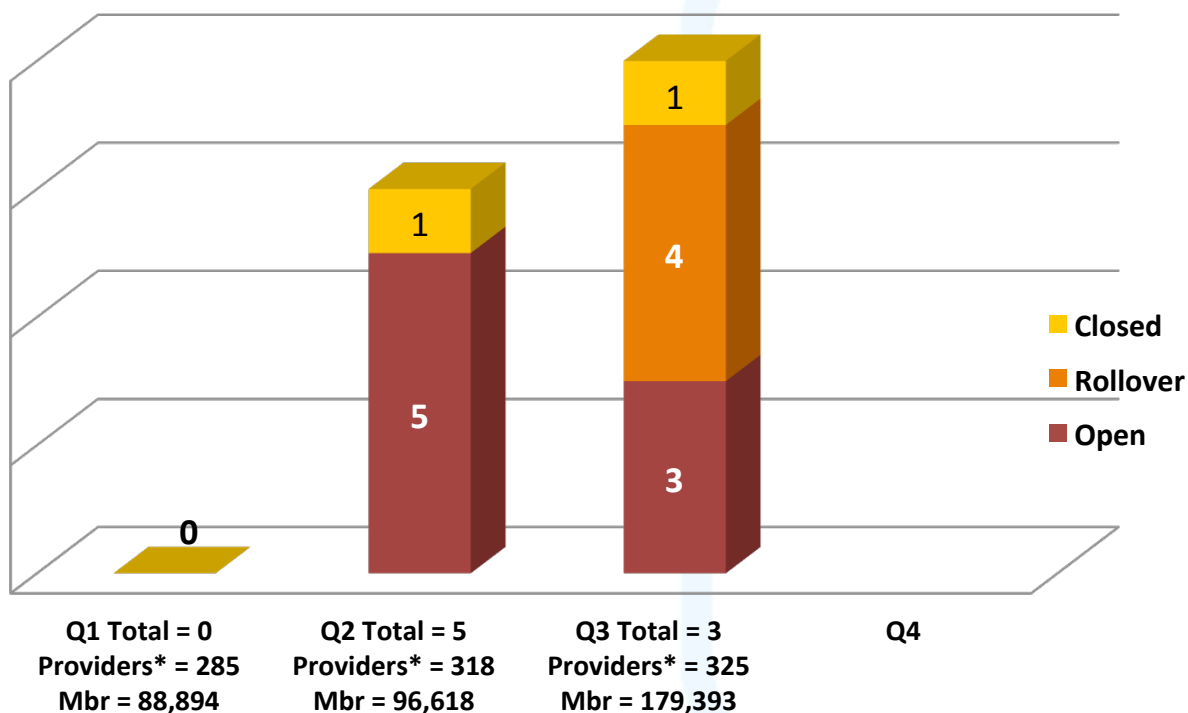


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FWA Investigation Metrics

State Fiscal Year

July 2014 – June 2015



* The Provider count is based upon the Taxpayer Identification Number (TIN).
There is a many to one ratio.



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FWA Member Restriction Programs

Pharmacy “Lock-In Program”

- Designed to detect and prevent abuse of the pharmacy benefit by restricting Members to one specific pharmacy for 1 year.
- Referrals come from two sources:
 - Members who were previously restricted in Medicaid’s Fee-for-Service Program
 - CountyCare’s criteria

CountyCare Pharmacy Lock-In Program Participants

State Fiscal Year 2015 Metrics

Q1 – 1 member

Q2 – 0 (no members)

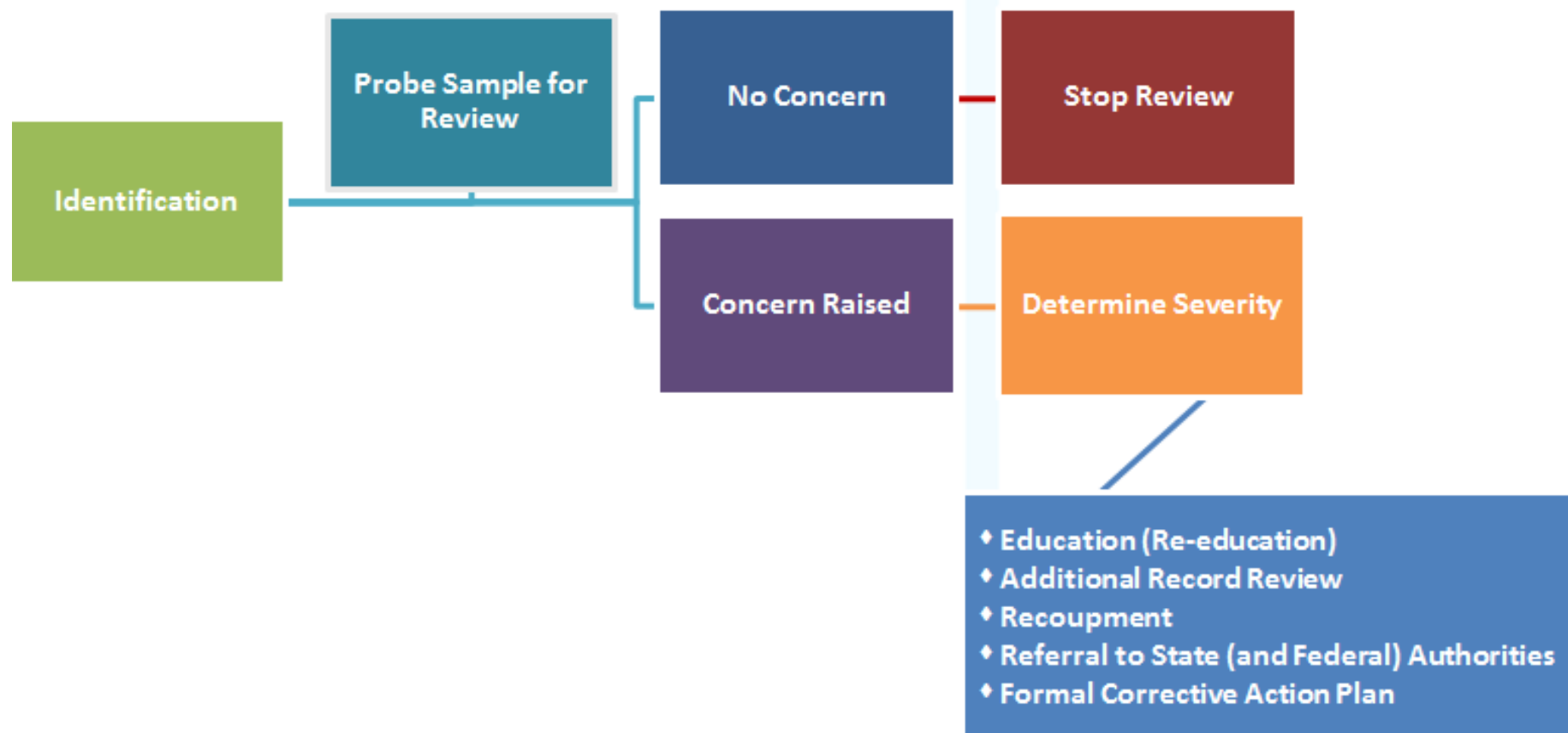
Q3 – 3 members



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FWA Policies & Procedures

Process flow for claims review. Goal is uniformity with each delegated vendor. FWA processes assure consistency.



HFS OIG Program Oversight Meetings

Monthly meetings are coordinated through Corporate Compliance and involves CountyCare as a whole.

- Agenda topics include review of:
 - Monthly FWA Log;
 - Work Plan and Payment Integrity Activities;
 - Recipient Restriction/Lock In Program Activity;
 - Adverse actions and involuntary terminations;
 - OIG sanctions, payment suspensions, sanctions and integrity agreements; and
 - Current topics, trends, fraud schemes, and program vulnerabilities.



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Questions





CountyCare Metrics

Prepared for: CCHHS Board of Directors

STEVEN GLASS, EXECUTIVE DIRECTOR,
MANAGED CARE

MAY 29, 2015

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Membership

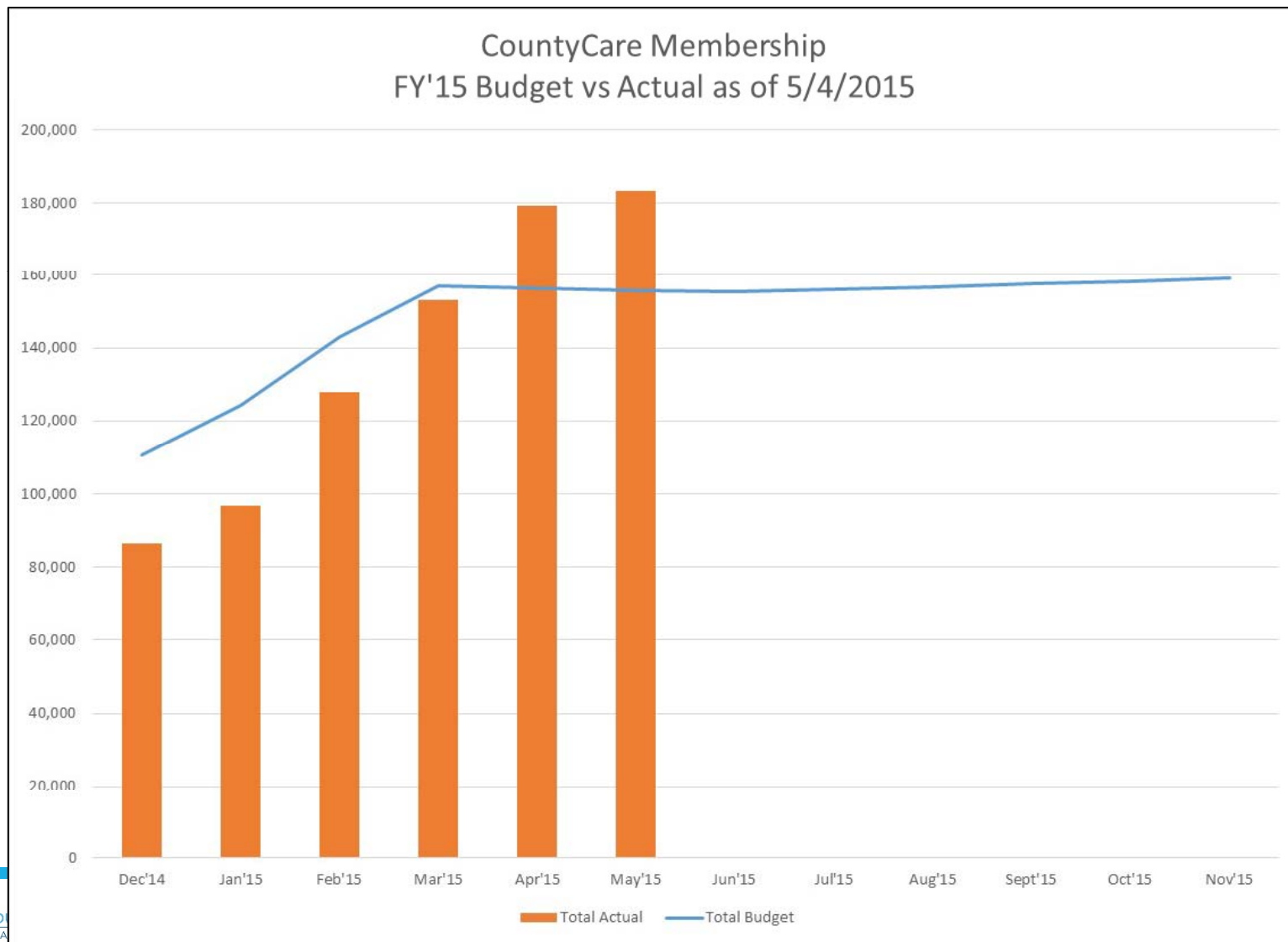
Data as of: 5/4/2015 | Source: Daily Membership (834) File

Key Measures	Mar'15	Apr'15	May'15	Change From Prior Month	Trend	FYTD'15 Budget or Goal	% to Budget/ Goal
Monthly Membership	153,118	179,393	183,415	2.2%	↑	155,860	117.7%
ACA	85,984	92,270	90,491	-1.9%	↓	76,869	117.7%
FHP	64,494	84,324	90,140	6.9%	↑	74,506	121.0%
SPD	2,640	2,799	2,784	-0.5%	↓	4,485	62.1%
Home/Community Waiver (incl DD)	474	500	501	0.2%	↑		
LTC	156	161	176	9.3%	↓		
FYTD Member Months	464,097	643,490	826,905			847,159	97.6%
ACA	323,223	415,493	505,984			489,740	103.3%
FHP	133,093	217,417	307,557			333,518	92.2%
SPD	7,781	10,580	13,364			23,902	55.9%

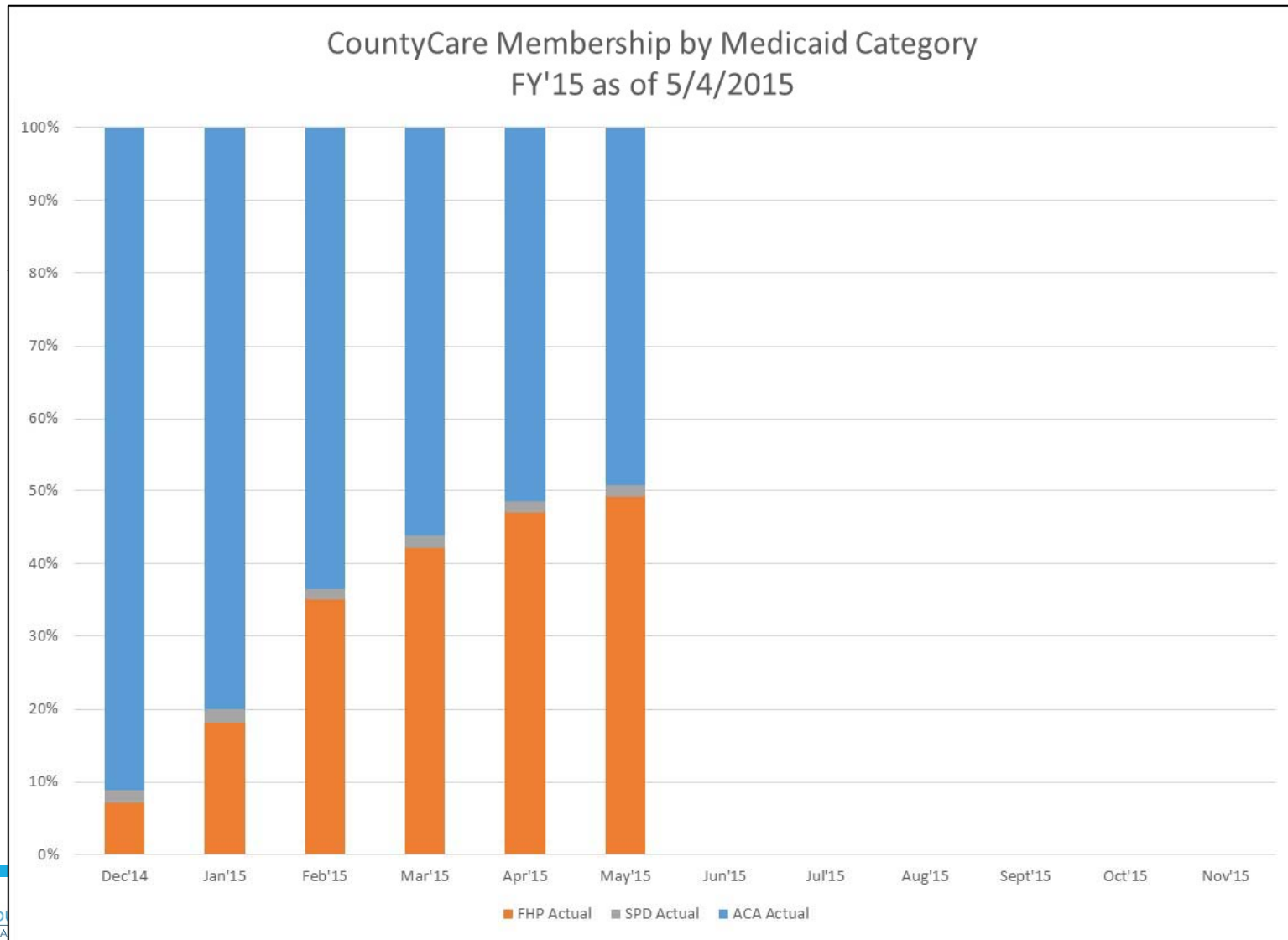
Gender = 56% Female; 44% Male

Average age = Female: 32 y/o; Male: 30 y/o

Membership Trend to Budget



Members by Medicaid Category



Health Plan Comparison

Source: IL HFS, Greater Chicago Region

FHP/ACA Adults, Greater Chicago Region

Health Plan	Sponsoring Organization(s)	Feb'15 #	Mar'15 #	Apr'15 # % Total	# Change Month Prior	% Change Month Prior
Family Health Network	Mt. Sinai, Norweigan, Resurrection, St. Anthony, St Bernard	213,537	195,996	181,459 13.0%	(14,537)	-7.4%
CountyCare	Cook County/CCHHS	123,920	149,005	176,597 12.7%	27,592	18.5%
Blue Cross Blue Shield	Health Care Services Corp.	112,352	142,468	163,530 11.7%	21,062	14.8%
Harmony Health Plan	WellCare	120,630	119,459	137,257 9.8%	17,798	14.9%
IlliniCare Health Plan	Centene, Inc.	102,208	120,302	134,587 9.7%	14,285	11.9%
Meridian Health Plan		87,161	101,595	111,923 8.0%	10,328	10.2%
Aetna Better Health Inc.		77,676	94,892	106,144 7.6%	11,252	11.9%
Advocate Accountable Care (ACE)	Advocate Physician Partners	75,948	83,117	87,162 6.3%	4,045	4.9%
SmartPlan Choice (ACE)	Presence Health Partners, Independent Phys Alliance of IL	60,162	72,331	72,291 5.2%	(40)	-0.1%
MyCare Chicago (ACE)	Lurie, Mercy, Norweigan, Swedish/Asian Human Svcs, Erie, Heartland HC, Mercy, Near North, PCC/C4	30,628	47,266	55,496 4.0%	8,230	17.4%
Community Care Partners (ACE)	NorthShore, Vista, Lake County Health Dept, Erie	37,195	38,854	38,982 2.8%	128	0.3%
HealthCura (ACE)	Access Community Health Network	20,908	20,380	32,365 2.3%	11,985	58.8%
Better Health Network (ACE)	St Bernard's, Loretto, South Shore, Roseland/Aunt Martha's, Beloved	11,860	21,292	29,632 2.1%	8,340	39.2%
UI Health Plus (ACE)	UI Health	12,926	23,707	27,650 2.0%	3,943	16.6%
Loyola Family Care (ACE)	Loyola Univ Health System	22,060	23,780	23,501 1.7%	(279)	-1.2%
Next Level (CCE serving ACA only)		2,174	9,222	9,177 0.7%	(45)	-0.5%
Illinois Partnership for Health (ACE)	Blessing Health System, Cadence, Decatur Memorial, KishHealth, Memorial Health, OSF, Riverside Medical Ctr, Rockford Health System, Carle Fdn	3,676	3,610	3,674 0.3%	64	1.8%
Lurie Children's Health Partners (CSN CCE)	Lurie Childrens Hospital	1,596	1,688	1,678 0.1%	(10)	-0.6%
LaRabida Coordinated Care Network (CSN CCE)	La Rabida Childrens Hospital	595	637	541 0.0%	(96)	-15.1%
Total		1,117,212	1,269,601	1,393,646	124,045	9.8%

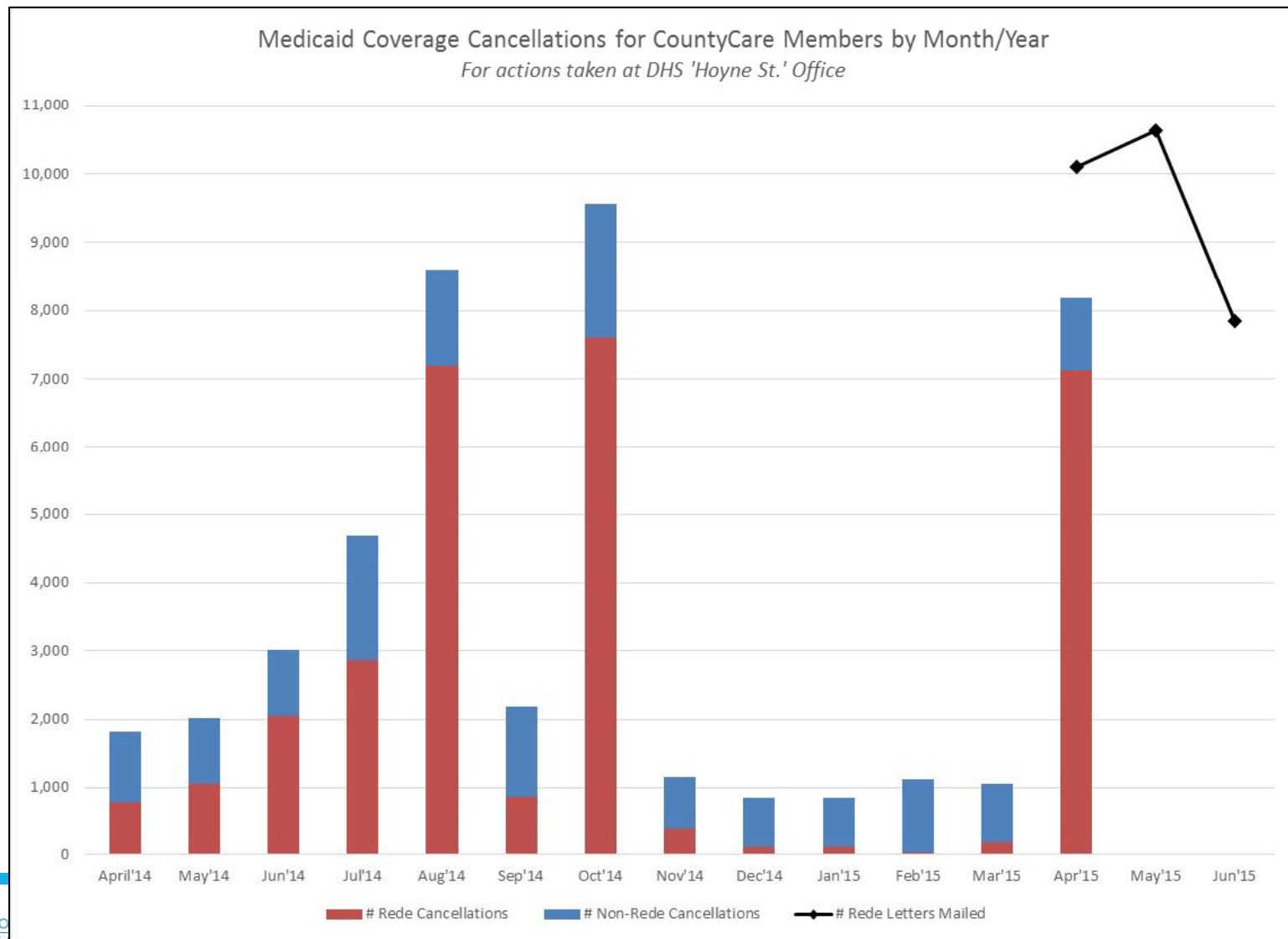
Health Plan Comparison

Source: IL HFS, Chicago Region (includes suburban Cook & Collar Counties)

ICP Greater Chicago Region (SPD population)

Health Plan	Sponsoring Organization(s)	Feb'15 #	Mar'15 #	Apr'15 # % Total	# Change Month Prior	% Change Month Prior
Aetna Better Health Inc.		29,130	28,852	28,640 30.1%	(212)	-0.7%
IlliniCare Health Plan Inc.	Centene Inc.	27,785	27,372	27,178 28.5%	(194)	-0.7%
Community Care Alliance of Illinois	Family Health Network	7,793	7,841	7,740 8.1%	(101)	-1.3%
Blue Cross/Blue Shield of Illinois	Health Care Services Corp	5,998	6,201	6,288 6.6%	87	1.4%
Humana Health Plan		4,542	4,588	4,524 4.7%	(64)	-1.4%
Meridian Health Plan		4,332	4,447	4,457 4.7%	10	0.2%
Cigna HealthSpring of Illinois		4,300	4,390	4,410 4.6%	20	0.5%
Next Level (CCE)		3,516	3,423	3,353 3.5%	(70)	-2.0%
CountyCare	Cook County/CCHHS	2,586	2,648	2,704 2.8%	56	2.1%
EntireCare (CCE)	Healthcare Consoritum of IL (St Bernard, Chicago Family, St James, MFS, South Shore, Roseland, HRDI, Metro South)	2,584	2,548	2,468 2.6%	(80)	-3.1%
Together4Health (CCE)	Heartland Health Outreach	2,309	2,273	2,175 2.3%	(98)	-4.3%
Be Well (CCE)	MADO Healthcare	1,380	1,384	1,368 1.4%	(16)	-1.2%
Total		96,255	95,967	95,305	(662)	-0.7%

Medicaid Cancellations



Risk Management

Key Measures	Feb'15	Mar'15	Apr'15	Change From Prior Month	Trend	FYTD'15 Budget or Goal	% to Budget/ Goal
<u>ACA Adult Membership</u>						3/2014 Baseline	
% 19-24 y/o	16.3%	16.2%	15.9%	-0.3%	--	17.0%	-1.1%
% 25-34 y/o	16.0%	16.0%	16.1%	0.1%	--	14.8%	1.3%
% 35-44 y/o	13.4%	13.4%	13.3%	-0.2%	--	13.5%	-0.2%
% 45-54 y/o	26.0%	25.8%	25.0%	-0.8%	--	27.6%	-2.6%
% 55+ y/o	29.0%	28.6%	27.7%	-0.9%	--	27.0%	0.7%
<u>Pharmacy</u>							
# Scripts filled	136,708	179,367	177,742	(1,625)	↑		
% Utilizing Members	31%	32%	29%	-3.0%	↑		
# Scripts/Utilizer	3.44	3.60	3.40	(0.20)	--		
% Generic dispensing	83%	83%	83%	0%	--		
% Brand Single Source	16%	16%	16%	0%	--		
% Formulary	98%	98%	98%	0%	--	98%	0.0%
% CCHHS HIV pt meds @ CCHHS pharmacy	29.8%	33.1%	36.7%	3.6%	↑	80%	-43.3%
% Maintenance Rx on Extended Supply (>84 days)	13.1%	15.1%	30.0%	14.9%	↑	85%	-55.0%
<u>Reinsurance</u>							
# Claims filed	0	0	0	0.0%			

Care Management

Key Measures	Feb'15	Mar'15	Apr'15	May'15	Change From Prior Month	Trend	FYTD'15 Budget or Goal	% to Budget/ Goal
<u>PCMH Assignment</u>								
% Members Assigned to PCMH	99.9%	98.5%	96.7%	96.3%	-0.4%	↑		
% Members Unassigned	0.1%	1.5%	3.3%	3.7%	0.4%	--		
# Assigned CCHHS/ACHN	29,810	33,986	36,268	36,559	291	↑		
% Total Members @ CCHHS/ACHN	23.3%	22.2%	20.2%	19.9%	-0.3%	--		
# Assigned MHN ACO	48,148	59,852	79,542	82,416	2,874	↑		
% Total Members @ MHN ACO	37.7%	39.1%	44.3%	44.9%	0.6%	--		
<u>Member Risk Stratification</u>								
Total Outreached Members YTD	54,894	73,402	75,684		2,282	↑		
Health Risk Assessments/Screenings YTD	19,242	26,829	32,571		5,742	↑		
YTD % High Risk Members	3.1%	2.5%	2.4%		-0.1%	--	2.0%	0.4%
<u>Referral Management</u>								
# Authorizations: Inpatient	1,355	1,677	2,132		455	↑		
# Authorizations: Outpatient	2,092	2,901	3,397		496	↑		
<u>ACA Utilization Management (rolling 12 month)</u>								
							Nov'14 Baseline	
Admits/1,000 member months	169	175	167		(8)	↑	168	-0.6%
Bed Days/1,000 member months	754	781	740		(41)	↑	737	0.4%
ALOS	4.9	4.5	4.4		(0.1)	--	4.4	0.0%
ED Visits/1,000 member months	1,003	989	967		(22)	↑	1,017	-4.9%
% 30-day Readmissions	22%	23%	21%		-2%	↑	20%	5.0%
<u>ACA CCHHS Utilization (since 7/1/2014)</u>								
	FY'15 Q1* (N=242,564)		FYTD'15 Q2* (N=143,170)				FY'14 Q4 Benchmark	
Emergency Room	14.2%		14.3%		0.0%	--	17.2%	-2.9%
Hospital Inpatient	12.4%		14.1%		1.7%	↑	10.9%	3.2%
Hospital Outpatient	31.2%		44.7%		13.5%	↑	28.8%	15.9%
Other Medical	0.6%		0.8%		0.1%	--	1.1%	-0.3%
Primary Care	37.7%		32.6%		-5.1%	↓	39.8%	-7.2%
Specialist	12.1%		9.2%		-2.8%	↓	6.8%	2.4%
Total	18.8%		17.9%		-0.9%	--	19.1%	-1.2%

Operations

Key Measures	Feb'15	Mar'15	Apr'15	Change From Prior Month	Trend	FYTD'15 Budget or Goal	% to Budget/ Goal
<u>Call Center</u>						Goal	Goal Met
Call Volume	25,825	29,950	29,374	(576)			
Abandonment rate	2.6%	1.4%	1.4%	0.1%	↑	<4%	Y
Hold time	:00:38	:00:23	:00:27			< :01:00	Y
Average speed to answer	:00:23	:00:13	:00:14			< :00:45	Y
<u>Claims Processing</u>						# Days	Goal Met
# Claims Paid	64,463	93,786	66,926	(26,860)	↓		
# Claims Recv'd	77,544	120,558	157,432	36,874	↑		
	FY'15 Q1		FYTD'15 Q2				
Avg # Days Received-to-Processed	4		4			< 8	Y
Avg # Days Received-to-Paid/Pend	27		22			< 35	Y
* Data incomplete pending claims run-out.							

Member/Provider Quality

Four-pronged approach required by MCCN contract

1. Member Satisfaction Survey (Annual)
2. Provider Satisfaction Survey (Annual)
3. Stakeholder Advisory Committee (Quarterly)
4. Enrollee Advisory Committee (Quarterly)

Discussion Highlights

Topic	EAC Participants General Feedback
Health Plan Communication	<ul style="list-style-type: none">• US Mail preferred• Ok with calls to receive reminders & updates
Services	<ul style="list-style-type: none">• Need trainings on how to better access services and resources.
Information on Specific Services	<ul style="list-style-type: none">• Should highlight and promote dental, transportation & vision• Few understood how to access transportation services
Plan Choice	<ul style="list-style-type: none">• Do not fully comprehend the choices that they will have to make to stay with CountyCare or switch plans.• Did not understand that they would need to select their plan each year and that this process is separate from the redetermination.
Redetermination	<ul style="list-style-type: none">• General awareness of need to provide information once a year to keep their Medicaid coverage.

EAC Mailed Survey Results

Question	N	% Yes	% No
In the last 6 months, have you made any appointments for a check-up or routine care at a doctor's office or clinic?	99	88%	12%
A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?	94	72%	28%
Did your personal doctor explain things in a way that was easy to understand?	87	72%	28%
In the past 6 months, have you called our member services phone number (312-864-8200)?	96	56%	44%
Did you feel that after calling member services & speaking to a representative, you had the information or help that you needed?	76	72%	28%
Since joining the CountyCare Health Plan, do you feel better (more healthy)?	97	89%	11%
Have you used the CountyCare website (www.CountyCare.com) to find information about your coverage?	99	22%	78%
Are you worried about a place to stay tonight or in the near future?	98	44%	56%
Are you worried that the food for you &/or your family will run out before there is money to buy more?	95	32%	68%
Would you recommend CountyCare Health Plan to a friend or family member?	96	96%	4%

COOK COUNTY HEALTH & HOSPITALS SYSTEM



Human Resources Metrics CCHHS Board Of Directors May 29, 2015

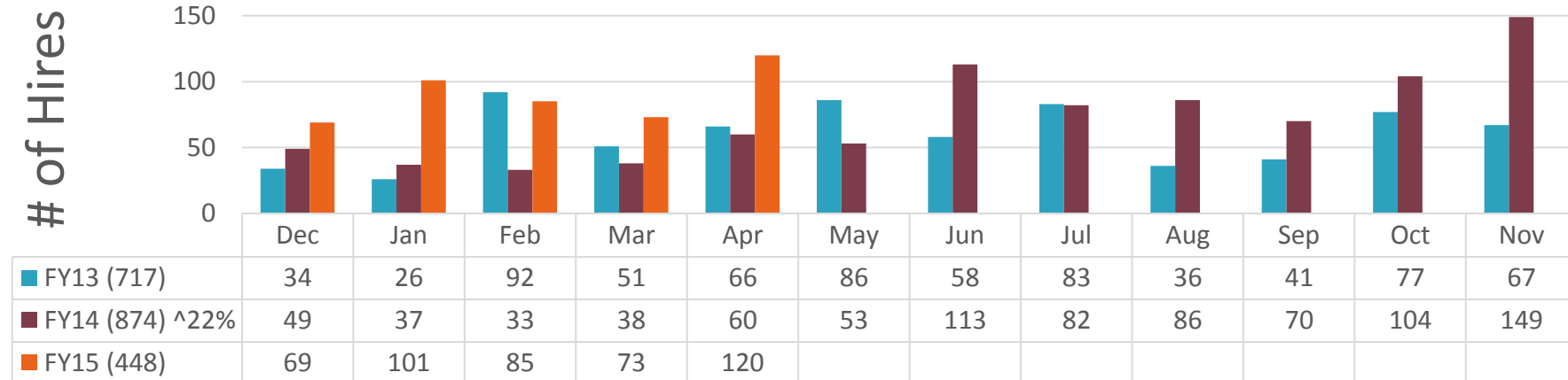
Gladys Lopez, Chief of Human Resources



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GOAL: Reduce vacancies to 600

FY15 Hires: Comparison of FY13, FY14 to FY15 (thru 04/20/15)



FY13 717
FY14 874 Increase by 22%
FY15 448-Thru 04/20/15

Thru 04/20/15

FY15 Vacancies Filled by Job Function / Open Positions (YTD vacancies filled has increased by 106% as compared to this same time frame last year)

Job Function	FY14 Hired	FY14 YTD Thru April 2014	FY15 YTD Thru April 2015	FY15 RTHs in Process (As of 4/20/15)
Finance	15	1	17	¹ 126
HIS	5	2	4	18
Licensed Practice Nurses	24	2	11	7
Nursing (CNI, CNII, APN, Nurse Coordinator, Clinician)	311	70	146	313
Physicians	97	38	28	94
Pharmacy	49	20	8	47
Other	373	83	234	239
Total	874	216	448	² 844

¹ Medicaid eligibility insourcing

² Fluctuates month to month based on vacancies filled hires and new requisitions received.



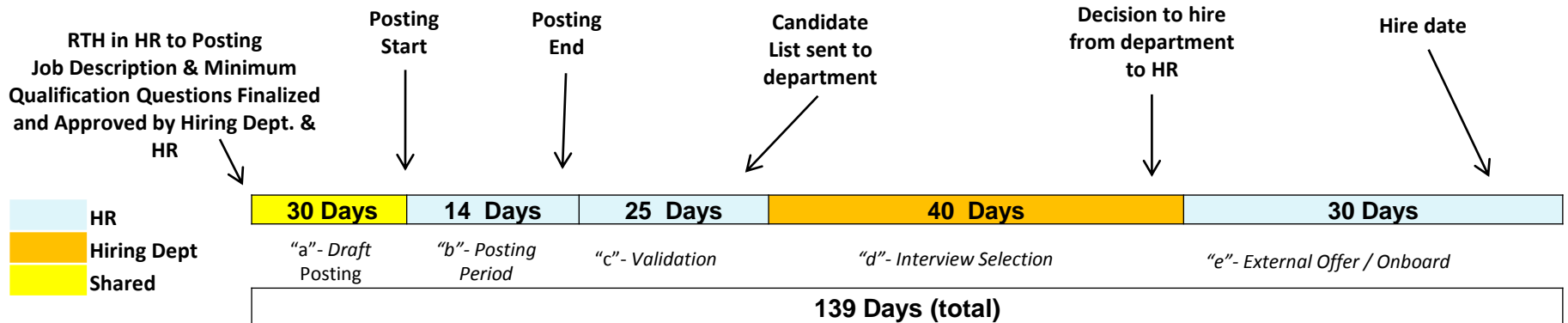
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FY15 HR Goal: Improve/Reduce Average Time to Hire

Budget to Recruiting average of 30 Days

FY15 Goals:		2014 Actual	2015 Target	Dec Actual	Jan Actual	Feb Actual	Mar Actual	Apr Actual	May Actual	June Actual	YTD Avg	YTD Variance
a	Average # of days from Request to Hire approval to Posting Open	91	30	80	48	73	51	19			50	67%
b	Average # of posting days	14	14	13	9	12	13	13			12	-14%
c	Average # of days from Posting Close to Interview Referral	28	25	33	22	27	30	33			29	16%
d	Average # of days from Interview Referral to Decision to Hire to HR. (Interview/Selection)	29	40	29	23	32	28	40			31	-22%
e	Average # of days from decision to hire until actual Hire Date. <i>Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.</i>	41	30	55	49	51	52	46			50	53%
f	Average # of days from Request to Hire to Hire Date	203	139	209	151	195	168	151			172	24%

Goal: Within 10% of target



Benchmark: 58

Data source: TLNT The Business of HR

<http://www.tlnt.com/2014/08/14/employers-find-that-time-to-fill-job-rates-are-growing-hit-13-year-high/>

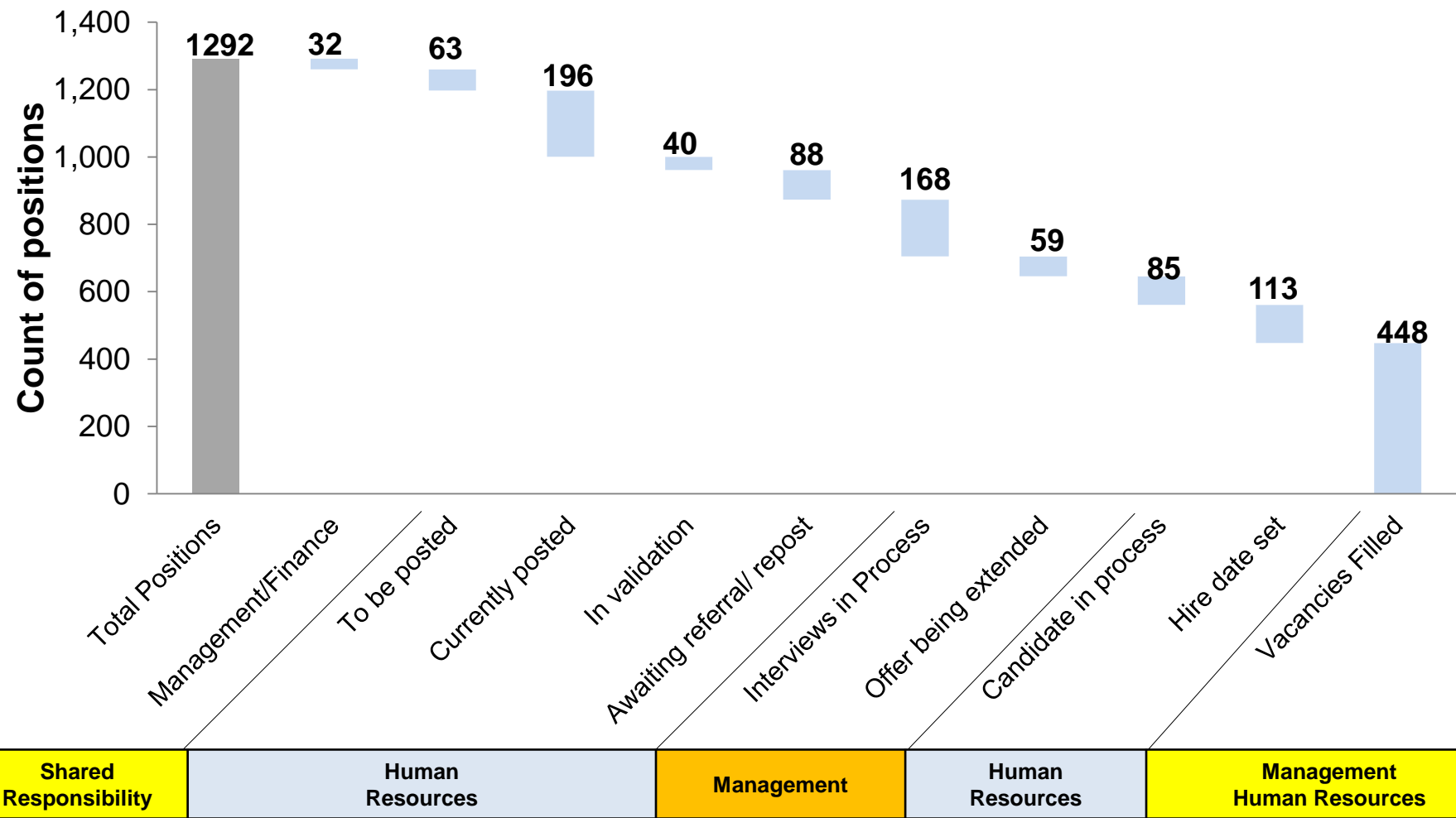


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CCHHS Board Meeting | 05/29/15

FY15 HR Goal: Improve/Reduce Average Time to Hire

Hiring Waterfall & Snapshot (04/30/15)





COOK COUNTY HEALTH & HOSPITALS SYSTEM

Finance Committee
Presentation to the Board: May 2015



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**CountyCare Income Statement
March-2015**

Revenue	YTD December-2014	YTD January-2015	YTD February-2015	YTD March-2015
PMPM	\$ 52,493,344	\$ 106,160,435	\$ 158,557,089	\$ 263,227,835
Admin	-	-	-	1,077,180
State Workers	88,481	206,697	470,044	632,491
Reserve for Settlement	-	-	-	-
Assessment Tax from Cash Advance	-	10,000	10,000	10,000
Total Revenue	\$ 52,581,825	\$ 106,377,132	\$ 159,037,133	\$ 264,947,506
Application Processing Costs				
Hoyne Facility Expenses	\$ 27,684	\$ 49,461	\$ 67,688	\$ 85,813
AHS Application Assistance Fees	1,686,709	2,674,989	3,663,268	4,651,547
CEA Application Assistance Fees	64,292	118,361	172,431	205,490
State Workers Cost	176,963	413,395	940,089	1,264,983
Total Application Processing Costs	\$ 1,955,648	\$ 3,256,205	\$ 4,843,476	\$ 6,207,834
Administrative Expenses				
Salaries & Benefits	\$ 276,206	\$ 307,529	\$ 516,925	\$ 720,687
Stop Loss Insurance	331,500	663,000	530,541	398,082
Self Insurance	36,240	72,479	96,864	129,152
Pharmacy	368,742	1,056,570	1,605,704	2,206,472
AHS TPA Fees	1,037,909	1,037,909	1,037,909	1,037,909
IlliniCare TPA Fees	4,609,010	9,310,117	14,088,708	22,046,976
Dental Admin Fees				327,084
MHN Fees	352,265	704,530	1,247,591	1,784,209
Other	41,587	93,554	120,552	453,267
Total Administrative Expenses	\$ 7,053,459	\$ 13,245,688	\$ 19,244,794	\$ 29,103,839
Clinical Expenses				
Domestic Claims	\$ 17,599,212	\$ 34,517,339	\$ 52,840,141	\$ 56,152,270
Foreign Claims	15,318,589	32,923,542	43,700,515	59,998,763
Foreign Claims IBNR	4,516,819	294,421	294,421	51,494,543
Pharmacy	5,255,670	17,254,058	27,201,257	38,052,254
Domestic Pharmacy	668,490	1,891,848	2,906,927	4,431,672
MHN ASO	828,251	1,656,502	3,218,927	4,729,338
Behavioral Health	1,353,516	2,736,774	4,236,848	6,044,431
Optical	313,413	633,714	959,392	1,305,241
Transportation	-	-	764,435	1,137,907
Dental	65,716	131,432	197,148	397,241
Total Clinical Expenses	\$ 45,919,677	\$ 92,039,630	\$ 136,320,010	\$ 223,743,660
Medical Loss Ratio (MLR)	87.5%	86.7%	86.0%	85.0%
Total Expenses	\$ 54,928,783	\$ 108,541,524	\$ 160,408,280	\$ 259,055,333
CountyCare Net Income	\$ (2,346,958)	\$ (2,164,391)	\$ (1,371,148)	\$ 5,892,173

	CCHHS Totals			
	2015 Actual	2015 Budget	2015 Budget Variance	2014 Actual
REVENUE:				
Net Patient Service Revenue	457,622	438,347	19,275	352,604
Other Revenue	1,429	2,669	(1,239)	2,403
TOTAL REVENUE	459,051	441,015	18,036	355,007
OPERATING EXPENSES:				
Salaries and Benefits	222,361	222,717	356	202,411
Supplies	76,218	67,671	(8,547)	58,196
Purchased Svs, Rental & Other	215,577	224,422	8,845	123,083
Insurance Expense	6,339	7,924	1,584	8,232
Depreciation	10,189	10,189		11,193
Utilities	2,399	5,183	2,783	2,138
TOTAL OPERATING EXPENSES	533,083	538,105	5,022	405,253
GAIN (LOSS) FROM OPERATIONS	(74,032)	(97,090)	23,057	(50,246)
NONOPERATING REVENUE	74,030	74,030		60,438
NET INCOME (LOSS)	(2)	(23,059)	23,057	10,192

	All Providers				CountyCare				All Provider & CountyCare Eliminations			
	2015 Actual	2015 Budget	2015 Budget Variance	2014 Actual	2015 Actual	2015 Budget	2015 Budget Variance	2014 Actual	2015 Actual	2015 Budget	2015 Budget Variance	2014 Actual
REVENUE:												
Net Patient Service Revenue	253,268	266,750	(13,482)	143,844	264,938	289,235	(24,297)	208,761	(60,584)	(117,639)	57,055	
Other Revenue	1,005	2,006	(1,001)	1,940	10		10					
TOTAL REVENUE	254,273	268,756	(14,483)	145,784	264,948	289,235	(24,287)	208,761	(60,584)	(117,639)	57,055	
OPERATING EXPENSES:												
Salaries and Benefits	198,623	200,496	1,874	177,574	721	709	(12)	3,760				
Supplies	35,448	42,559	7,110	30,315	44,690	22,149	(22,541)	27,807	(4,432)		4,432	
Purchased Svs, Rental & Other	57,904	56,897	(1,007)	39,046	213,117	283,769	70,652	83,382	(56,152)	(117,639)	(61,486)	
Insurance Expense	5,190	7,924	2,733	7,258	527		(527)	77				
Depreciation	10,103	10,103		11,106								
Utilities	2,379	5,131	2,752	2,127		19	19					
TOTAL OPERATING EXPENSES	309,647	323,109	13,462	267,427	259,055	306,645	47,590	115,025	(60,584)	(117,639)	(57,055)	
GAIN (LOSS) FROM OPERATIONS	(55,374)	(54,353)	(1,021)	(121,643)	5,892	(17,410)	23,303	93,735				
NONOPERATING REVENUE	48,971	48,971		50,869	59	59		276				
NET INCOME (LOSS)	(6,404)	(5,383)	(1,021)	(70,774)	5,951	(17,352)	23,303	94,011				

	Detainees				Dept of Public Health			
	2015 Actual	2015 Budget	2015 Budget Variance	2014 Actual	2015 Actual	2015 Budget	2015 Budget Variance	2014 Actual
REVENUE:								
Net Patient Service Revenue								
Other Revenue	0		0	1	414	663	(249)	462
TOTAL REVENUE	0		0	1	414	663	(249)	462
OPERATING EXPENSES:								
Salaries and Benefits	19,187	17,768	(1,419)	16,468	3,831	3,745	(86)	4,609
Supplies	392	2,917	2,526	58	119	46	(74)	16
Purchased Svs, Rental & Other	428	953	525	333	280	442	162	323
Insurance Expense	498		(498)	716	124	0	(124)	181
Depreciation	80	80		80	5	5		7
Utilities	0	2	2	2	20	31	10	9
TOTAL OPERATING EXPENSES	20,584	21,720	1,135	17,657	4,381	4,269	(111)	5,144
GAIN (LOSS) FROM OPERATIONS	(20,584)	(21,720)	1,136	(17,656)	(3,966)	(3,606)	(360)	(4,682)
NONOPERATING REVENUE	23,739	23,739		5,208	1,262	1,262		4,085
NET INCOME (LOSS)	3,154	2,019	1,136	(12,448)	(2,704)	(2,344)	(360)	(597)

Finance Dashboard: May 2015

CCHHS: Financial Summary

	2013	2014	2015 [#]	Moody's Investment Service Composite Standard / Goal
Days in Patient Accounts Receivable (Gross)*	147	168	139	---
Days in Patient Accounts Receivable (Net)*	48	37	39	49.8
Days Cash on Hand	50	96	68	197.6
Days Expense in Accounts and Claims Payable	36	42	53	63.4
Operating Margin as % of Total Operating Revenue	-47.6%	-11.7%	-11.9%	2.0%
Average Age of Plant (in Years)	14.1	15.9	17.2	10.7
Overtime as Percentage of Gross Salary	8.2%	8.3%	8.8%	5.0%
Average Daily Carelink / Charity Write-Offs (at cost) [^]	581,176	482,984	177,837	---
CareLink/Charity Write-offs (at cost)	212,129,170	176,289,026	64,910,634	
Average Daily Bad Debt Expense (at cost)	848,471	461,445	185,957	---
Bad debt Expense (at cost)	309,691,828	168,427,323	67,874,267	

Data through March 2015

[^] This represents direct charity care write-offs
to gross accounts receivable

* Data above does not include
CountyCare information

Source: CCHHS finance

Finance Dashboard: May 2015

CCHHS: Monthly -Inpatient Days, Emergency Visits and Outpatient Clinic Registrations

	FY 2013 (Monthly Average)	FY 2014 (Monthly Average)	FY 2015* (Monthly Average)	Monthly Target
Inpatient Days	9,225	8,752	8,054	8,315
Observation Days	669	839	926	797
Emergency	14,261	12,887	12,077	12,887
Outpatient	80,989	78,021	75,403	85,824

Source: CERNER

*data through March 2015